

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3	✓					
4	✓					
5	✓					
6		✓				
7		✓				
8	✓					
9		✓				
10		✓				
11	✓	✓				
12	✓					
13	✓					
14	✓					
15	✓					
16		✓				
17		✓				
18	✓					
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39		✓				
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41	✓					
42	✓					
43	✓					
44	✓					
45		✓				
46		✓				
47		✓				
48	✓					
49	✓					
50		✓				
TOTAL IND.	29	↓		↓		↓
TOTAL DEP.	31	↓		↓		↓
TOTAL CLAIMS	60					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	✓					
52	✓					
53		✓				
54	✓					
55	✓					
56	✓					
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100						
TOTAL IND.	5	↓	32	↓		↓
TOTAL DEP.	1	↓	32	↓		↓
TOTAL CLAIMS	6		64			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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